

date have all helped to lay a foundation for the further expansion and development of a more adequate and educational program. We should be ready to move forward to this end.

On the other hand, much of the time, effort, and money expended on the education of exceptional children at the present time is not bringing maximum returns in desirable child growth. It is unmistakably true that many of our schools unconsciously are training these children to experience failure by expecting them to attempt that which is beyond their capacity and present achievement level, or outside of their field of interest, or both. There are others who are unconsciously making behavior problems of the slow-learning, the gifted, the physically handicapped, and the poorly adjusted cases by failing to take their difficulties, as well as their interests, into account when planning their program of work and when dealing with them.

Generally speaking, the public and the residential schools have not quite kept the pace commensurate with that of other agencies at work on this problem in the State. For example, the program administered for crippled children presents a fair sample of this lack of integration and cooperation. According to recent statistics from the U. S. Office of Education regarding legislation relating to orthopedic children alone, more than 100 laws were passed between 1900 and 1929 which affect the welfare of this group. The Social Security Act of 1935, a Federal law which made provision for their medical care and welfare, is rendering direct service in every State in the Union. Furthermore, a comprehensive vocational service is available throughout the country for those sixteen years and older, as a result of the Federal provisions for adult rehabilitation. Here again every State has taken advantage of this opportunity and has developed a creditable program.

Be that as it may, North Carolina delayed legislative action until 1939 regarding special educational opportunities and facilities for her crippled children who attend the Orthopedic Hospital for treatment. The program underway has been in progress too short a time for anyone to properly determine and analyze the educational practices being projected thus far. However, it is an assured fact that when these children are sufficiently rehabilitated to enable them to return home and continue their education in the public schools, no special provision is made for their transportation to school except in those cases when the school buses pass the home on their regular school route. If they reach school at all, they do not find the necessary curriculum adaptations, such